



**MASTER LICENSE SERVICE**  
DEPARTMENT OF LICENSING  
PO BOX 9048  
OLYMPIA WA 98507-9048  
Telephone: (360) 664-1400

UBI

OWNER  
NAME

## AGRICULTURE ADDENDUM

*Please type or print in dark ink.*

Business name \_\_\_\_\_

### A. COMPLETE THIS SECTION FOR EGG DEALER.

1. Indicate your business activities. Check all that apply.

☐ Egg Producer/Packer

☐ Shell Egg Processor

☐ Egg Distributor

☐ Wholesaler

### B. COMPLETE THIS SECTION FOR REFRIGERATED LOCKER.

1. Date this facility will be ready for inspection ..... / ..... / .....

2. Indicate the type of facilities at this location:

☐ Chill Room

☐ Sharp Freeze Room

☐ Meat Cutting Room

☐ Recording Thermometers

3. Number of lockers .....

### C. COMPLETE THIS SECTION FOR PESTICIDE DEALER

1. Name of designated dealer-manager for this location \_\_\_\_\_

License qualification number \_\_\_\_\_

2. If out of state firm, complete below:

Legal agent name \_\_\_\_\_

Legal agent address \_\_\_\_\_

### D. COMPLETE THIS SECTION FOR NURSERY RETAILER/WHOLESALE.

1. Indicate which one of the following describes your **primary** business activity:

☐ Nursery Dealer

☐ Greenhouse

☐ Landscaper

☐ Florist

2. Are you propagating plant material? ..... ☐ Yes ☐ No

3. Do you ship plant materials out of Washington? ..... ☐ Yes ☐ No

